

Note: This is a sample
template. It is not
an OMB approved
form.

Universal 911 Dialing- First Transition Report

Please read instructions before completing

Section 1

Carrier Identification Information

Parent Company Name
KanOkla Telephone

Service Provider Name
KanOkla Telephone

Company Address, City, State, Zip

PO Box 111
100 KanOkla Ave
Caldwell Kansas
67022

Service Provider Type ☐ Wireless ☒ Wireline

Name(s) of Wireless License Holder(s)

Contact Name
Dick Cantrell

Contact Tel #
620-845-5682

Fax #
620-845-5636

E-mail Address
dickc@kanokla.com

Section 2

Local Area 911 Implementation

List all individual local areas covered by this report (e.g., Lee County, Virginia):

Grant County
We also have Kay, Alfalfa, and Major and Garfield customers with out any 911.

(a) For each area listed above, identify the emergency response point to which 911 calls will be routed.

Grant County Commissioners agreed to have their 911 sent to the Grant County Sheriff. The number was 580-395-2356 that wanted them sent too.

(b) For each area listed above, provide details of the carrier's progress in completing translation and other work necessary to route 911 calls to the identified emergency response point.
Translations 60% complete.

(c) For each area listed above, provide the date or projected date that transition to the 911 abbreviated dialing code will be completed.

At this time unknown.

Section 3

911 Implementation Problems

(a) Describe any problems the reporting carrier has encountered in identifying 911 number call routing points. Describe any other operational problems carrier has experienced during the initial transition stages.
Getting the routing number from the various counties.

(b) Where the reporting carrier has experienced 911 implementation problems, describe any efforts the carrier has made to coordinate with public safety agencies and state and local authorities.
Have contacted county commissioners in all counties we serve.


Section 4**Certification - To be signed by an authorized representative of the reporting entity**

I certify that I am an authorized representative of the above-named reporting entity, that I have examined the foregoing report and to the best of my knowledge, information and belief, all statements of fact contained in this form are true and accurate statements of the affairs of the above-named company.



I certify that I am an authorized representative of the above-named reporting entity, that I have examined the foregoing report and to the best of my knowledge, information and belief, all statements of fact contained in this form are true and that the reporting entity has completed the steps necessary to properly route 911 emergency calls in the localities covered by the report as of _____.

Signature



Printed name of authorized representative Alan Van Horn

Title Systems Administrator

Date 3/11/02

This filing is:

☒ original filing☐ revised filing

PERSONS MAKING WILLFULL FALSE STATEMENTS IN THIS DOCUMENT CAN BE PUNISHED BY FINE OR IMPRISONMENT UNDER TITLE 18 OF THE UNITED STATES CODE, 18 U.S.C. §1001.